

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/						51			
2		/		/					52			
3		/		/					53			
4		/		/					54			
5		/		/					55			
6		/		/					56			
7		/		/					57			
8		/		/					58			
9		8		/					59			
10		8		/					60			
11		8		/					61			
12		0		/					62			
13	/		/						63			
14	/		/						64			
15	0		/						65			
16	0		/						66			
17	0		/						67			
18	0		/						68			
19	0		/						69			
20	0		/						70			
21	0		/						71			
22	8		/						72			
23	0		/						73			
24	0		/						74			
25	0		/						75			
26	0		/						76			
27	0		/						77			
28	0		/						78			
29	0		/						79			
30	0		/						80			
31	0		/						81			
32	0		/						82			
33	0		/						83			
34	0		/						84			
35	0		/						85			
36	0		/						86			
37	0		/						87			
38	0		/						88			
39	0		/						89			
40	0		/						90			
41	2		/						91			
42	2		/						92			
43	2		/						93			
44									94			
45									95			
46									96			
47									97			
48									98			
49									99			
50									100			
TOTAL IND.			3						TOTAL IND.			
TOTAL DEP.			40						TOTAL DEP.			
TOTAL CLAIMS			43						TOTAL CLAIMS			